

EFT AUTHORIZATION FORM

SECTION A: COMPANY INFORMATION

1. TYPE OF ACTION A. <input type="checkbox"/> NEW	2. BUSINESS # OR SIN	6. EMAIL ADDRESS
B. <input type="checkbox"/> CHANGE	3. PHONE NUMBER	7. COMPANY NAME
C. <input type="checkbox"/> CANCEL	4. FAX NUMBER	8. ADDRESS

SECTION B: FINANCIAL INSTITUTION INFORMATION.

INSTITUTION ID# (3 DIGITS)	
ROUTING # (5 DIGITS)	
BANK ACCOUNT #	

ACCOUNTS RECEIVABLE CONTACT

FIRST NAME	
LAST NAME	
EMAIL	

LIEN WAIVERS/STAT DECS CONTACT

FIRST NAME	
LAST NAME	
EMAIL	

Important! Please read and sign before submitting.

CANCELLATION / CHANGE OF ACCOUNT

The agreement represented by this authorization remains in effect until canceled in writing by the payee or until the program is suspended or terminated by **KROWN RETAIL CONSTRUCTION**. Payments to you will be deposited into the account designated below until Krown Retail Construction is notified in writing that you wish to cancel this authorization or designate a different Financial Institution or account. Six (6) to ten (10) banking days are needed to execute your instructions. To make any changes, you must submit a new Authorization Form with the updated information. If any action or inaction taken by the payee results in non-acceptance of an EFT deposit by the designated Financial Institution, payee acknowledges that **Krown Retail Construction** has no responsibility to issue another payment until the funds for the non-accepted deposit are returned to **Krown Retail Construction** by the Financial Institution. If non-acceptance by the Financial Institution is the result of action or inaction taken by the payee, late fees and penalties including consequential damages caused by this non-acceptance do not apply. **Please DO NOT CLOSE YOUR ACCOUNT UNTIL ONE WEEK AFTER NOTIFYING Krown Retail Construction.**

RECOVERY OF FUNDS DEPOSITED IN ERROR

In the event that an erroneous EFT payment occurs, creating an over-payment, **Krown Retail Construction** reserves the right to debit your account for an amount not to exceed the amount of the erroneous EFT payment. In the event that a debit adjustment cannot be implemented, **Krown Retail Construction** may utilize any other lawful means to recover payments to which the account holder is not entitled, including deducting the amount owed from future payments until the total over-payment is recovered.

By signing this form, account holder(s) acknowledge their acceptance of these terms and conditions.

I/We certify that I/we have read and understand the information contained in Section B, above. I/We authorize **Krown Retail Construction**, to deposit payments and make over-payment adjusting debits to my/our account as designated below. I certify that I am authorized to enter into this agreement on behalf of the account holder.

Signature of Account Holder	Print Name Title (if company account)	Date

Signature of Joint Account Holder	Print Name Title (if company account)	Date